



City of Fairfax
Department of Fire and Rescue Services
Office of Code Administration
10455 Armstrong Street
Fairfax VA, 22030
703-385-7830 fax 703-385-9265
WWW.CI.FAIRFAX.VA.US

REQUEST FOR AMENDMENT TO EXISTING PERMIT

DATE: _____

REFERENCE: TYPE OF PERMIT: _____ PERMIT NUMBER: _____

JOB LOCATION: _____

APPLICANT: _____

APPLICANT ADDRESS: _____

APPLICANT CONTACT PHONE, FAX, E-MAIL _____

AMENDMENT REQUEST FOR:

_____ Change house type from model _____ to model _____
_____ Finish Basement
_____ Deck / porch / sunroom added
_____ Garage / carport added
_____ Garage / carport deleted
_____ Other _____

ESTIMATED ADDITIONAL COST DO TO CHANGE: \$ _____

SUPPORTING DOCUMENTATION SUBMITTED:

_____ REVISED PLAT
_____ REVISED CONSTRUCTION PLANS
_____ REVISED SITE PLANS
_____ REVISED GRADING PLAN

SIGNATURE OF OWNER/AGENT _____

AMENDMENT APPROVED: PLAN REVIEW _____ DATE: _____
HEALTH DEPT REVIEW _____ DATE: _____
ZONING REVIEW _____ DATE: _____
TIME OF PLAN REVIEW: _____ ADDITIONAL FEE: _____

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